



# NEVADA PREPAID TUITION ENROLLMENT FORM

F A L L 2 0 0 5

## INSTRUCTIONS

1. Complete all sections of the enrollment form. A separate enrollment form must be submitted for each child along with a one-time \$100 enrollment fee per child. If you need additional information call toll free 1-888-477-2667 or view the website at: [http:// NevadaTreasurer.gov](http://NevadaTreasurer.gov).
2. Enclose a check or money order made payable to: **Nevada Prepaid Tuition Program**, in the amount of \$100 per enrollment form plus any necessary payments. Your enrollment form **will not** be accepted without this fee. If you choose to pay by credit card, complete the section on the back of the enrollment form. **The enrollment fee is not refundable.**
3. **Payments will be due the 15<sup>th</sup> of each month starting March 15th, 2006.**
4. Mail the completed enrollment form, \$100 fee, and any necessary payments to: State Treasurer Brian Krolicki, Nevada Prepaid Tuition Program, 555 E. Washington Ave., Suite 4600, Las Vegas, Nevada 89101. If you choose a down payment option (minimum \$1000) you must include that with the enrollment fee. **Enrollment forms must be postmarked by February 28, 2006 to ensure this year's prices.** Enrollment forms for newborns less than one year of age will be accepted until June 30, 2006.

## SECTION I. Purchaser Information

Please complete the following information about yourself, the person purchasing the Nevada Prepaid Tuition Program contract. You must be of legal age. The Purchaser is the owner of the contract. (If the contract is canceled, the Purchaser is entitled to any refund).

PURCHASER NAME ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐  
Last First M.I.

If Purchaser is an organization, please indicate type: ☐ Corporation ☐ Trust ☐ Non-profit ☐ Foundation ☐ Partnership ☐ Other  
Organization Name

### ADDRESS

Number and street, including apartment number

City State Zip County (i.e. Clark, Washoe, etc.)

SOCIAL SECURITY NUMBER/TAX ID # DAY TELEPHONE EVENING TELEPHONE

Is the Purchaser or Beneficiary a Nevada resident, a graduate, or the child or grandchild of a graduate of a Nevada school of higher education?  
☐ Yes ☐ No (You must answer "Yes" to be eligible to enroll.)

## SECTION II. Purchaser Appointee Information (Optional)

The Purchaser Appointee's rights are limited solely to control of the contract upon the death or disability of the Purchaser. The Purchaser Appointee may receive contract information but cannot make any changes to the contract.

NAME ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐  
Last First M.I.

### ADDRESS

Number and street, including apartment number

City State ZIP County (i.e. Clark, Washoe, etc.)

SOCIAL SECURITY NUMBER DAY TELEPHONE EVENING TELEPHONE



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## SECTION III. Beneficiary Information

The Beneficiary is the person for whom you are buying the contract. Please complete the following information about him or her. Be sure to supply the Beneficiary's social security number.

NAME

Last

First

M.I.

ADDRESS

Number and street, including apartment number

City

State

Zip

County (i.e. Clark, Washoe, etc.)

SOCIAL SECURITY NUMBER

HOME TELEPHONE

Sex: ☐ Male ☐ Female

Date of Birth:

Month

Day

Year

Please check Beneficiary's age or current grade in school and projected college entrance year as of **September 30, 2005**

- |   |  |  |   |
|---|--|--|---|
| 1. <input type="checkbox"/> Newborn (2023)    | 5. <input type="checkbox"/> 4 year old (2019)                | 9. <input type="checkbox"/> Second (2016)  | 13. <input type="checkbox"/> Sixth (2012)   |
| 2. <input type="checkbox"/> 1 year old (2022) | 6. <input type="checkbox"/> 5 year old, not in school (2019) | 10. <input type="checkbox"/> Third (2015)  | 14. <input type="checkbox"/> Seventh (2011) |
| 3. <input type="checkbox"/> 2 year old (2021) | 7. <input type="checkbox"/> Kindergarten (2018)              | 11. <input type="checkbox"/> Fourth (2014) | 15. <input type="checkbox"/> Eighth (2010)  |
| 4. <input type="checkbox"/> 3 year old (2020) | 8. <input type="checkbox"/> First (2017)                     | 12. <input type="checkbox"/> Fifth (2013)  | 16. <input type="checkbox"/> Ninth (2009)   |

Beneficiary relationship to Purchaser (check one)

1. ☐ Child      2. ☐ Grandchild      3. ☐ Friend      4. ☐ Other \_\_\_\_\_

## SECTION IV. Choice of Tuition Plans

Please indicate the number of semesters you wish to purchase.

1. ☐ 4 Year University Plan: 4 Years University (8 semesters / 120 semester credit hours)
2. ☐ 2 Year University Plan: 2 Years University (4 semesters / 60 semester credit hours)
3. ☐ Community College Plus University Plan: 2 Years Community College and 2 Years University (8 semesters / 120 semester credit hours)
4. ☐ Community College Plan: 2 Years Community College (4 semesters / 60 semester credit hours)

## SECTION V. Payment Schedule

Please select your payment option and indicate if you are making a down payment.

**(Note: Down payments must be a minimum of \$1000 and must be included with your enrollment form. You must also choose one of the monthly payment options)**

- ☐ Single, Lump Sum      ☐ 5 Years/60 months (available for the 7th grade or below)      ☐ Extended Monthly (until high school graduation)
- ☐ Down Payment      Amount of down payment \$ \_\_\_\_\_

If selecting an option including monthly payments, indicate your preference between paying via automatic bank withdrawal (ACH) or coupon book.

- ☐ Automatic Bank Account Withdrawal or Payroll deduction form (fill out form on website)      ☐ Coupon Book (a book will be sent to you)



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## SECTION VI. Optional Information

You are **NOT** required to complete **ANY PART** of this section. However, your responses will help us plan for future enrollment periods.

How did you learn about the Nevada Prepaid Tuition Program? (Select one option.)

- ☐ Newspaper ☐ Television ☐ Radio ☐ Word of Mouth ☐ School ☐ Presentation ☐ Website ☐ Employer ☐ Bank ☐ Library ☐ Medical Office  
☐ Government Office ☐ Daycare ☐ Legal Office ☐ Convenience Store ☐ Fair ☐ Other

Educational level of the Purchaser (Select highest level completed.)

- ☐ High school graduate ☐ GED ☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree ☐ Ph.D. ☐ Other (specify) \_\_\_\_\_

Race of Student

- ☐ Caucasian ☐ African-American ☐ Hispanic ☐ Native American ☐ Asian ☐ Other (specify) \_\_\_\_\_

Annual Family Income

- ☐ Less than \$20K ☐ \$20K - 29,999 ☐ \$30K - 39,999 ☐ \$40K - 49,999 ☐ \$50K - 79,999 ☐ \$80K - 100K ☐ Over \$100K

## SECTION VII. Authorization

I hereby certify that the above information on this enrollment form is true and accurate to the best of my knowledge. I acknowledge that a substantial fee may apply for contract termination resulting from material misrepresentation on this Nevada Prepaid Tuition Program enrollment form. In signing below, I am agreeing to all the contract terms set forth in the Program Description.

Signature of Purchaser

Date

Please print full name

E-mail address

Email address may be used for all correspondence unless you check here to have paper versions sent to you. ☐

### Credit Card Information (For Payment of Enrollment Fees, Down Payments, and Lump Sum Payments Only).

- ☐ Visa ☐ MasterCard ☐ Discover

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Credit Card Number

Month Year

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Expiration Date

Card ID

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Please check all that apply and designate the amount

- ☐ \$100 Enrollment Fee
- ☐ Lump Sum Contract Payment Amount \$ \_\_\_\_\_
- ☐ Down Payment (Minimum \$1000) Amount \$ \_\_\_\_\_



Signature of Credit Card Holder

### For Office Use Only

- ☐ \$100 ☐ None Payment \$ \_\_\_\_\_ Check Number \_\_\_\_\_ / \_\_\_\_\_ Check Amount \_\_\_\_\_ / \_\_\_\_\_
- ☐ Credit Card Credit Card Approval # \_\_\_\_\_ Multiple Forms \_\_\_\_\_ of \_\_\_\_\_
- ☐ Down Payment Amount \$ \_\_\_\_\_